

**United States Bankruptcy Court
Northern District of Illinois
Eastern Division**

Voluntary Petition

Name of Debtor (if individual, enter Last, First, Middle): Pierce, Gregory E		Name of Joint Debtor (Spouse) (Last, First, Middle):																																
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names):		All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):																																
Last four digits of Soc. Sec./Complete EIN or other Tax I.D. No. (if more than one, state all): 1564		Last four digits of Soc. Sec./Complete EIN or other Tax I.D. No. (if more than one, state all):																																
Street Address of Debtor (No. & Street, City, and State): 717 Tipperary Schaumburg, IL		Street Address of Joint Debtor (No. & Street, City, and State):																																
ZIP CODE 60193		ZIP CODE																																
County of Residence or of the Principal Place of Business: Cook		County of Residence or of the Principal Place of Business:																																
Mailing Address of Debtor (if different from street address): 490 Bennett Road Elk Grove Village, IL		Mailing Address of Joint Debtor (if different from street address):																																
ZIP CODE 60007		ZIP CODE																																
Location of Principal Assets of Business Debtor (if different from street address above):																																		
ZIP CODE																																		
Type of Debtor (Form of Organization) (Check one box.) <input checked="" type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.) <hr/> <hr/>	Nature of Business (Check one box) <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101(51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input type="checkbox"/> Other Tax-Exempt Entity (Check box, if applicable) <input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code.)	Chapter of Bankruptcy Code Under Which the Petition is Filed (Check one box) <input checked="" type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding <input type="checkbox"/> Chapter 9 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13 Nature of Debts (Check one box) <input checked="" type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." <input type="checkbox"/> Debts are primarily business debts.																																
Filing Fee (Check one box)		Chapter 11 Debtors Check one box: <input type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). <input type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D). Check if: <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,190,000. <hr/> Check all applicable boxes <input type="checkbox"/> A plan is being filed with this petition <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).																																
Statistical/Administrative Information <input type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input checked="" type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.			THIS SPACE IS FOR COURT USE ONLY																															
Estimated Number of Creditors <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">1-</td> <td style="width: 10%;">50-</td> <td style="width: 10%;">100-</td> <td style="width: 10%;">200-</td> <td style="width: 10%;">1,000-</td> <td style="width: 10%;">5,001-</td> <td style="width: 10%;">10,001-</td> <td style="width: 10%;">25,001-</td> <td style="width: 10%;">50,001-</td> <td style="width: 10%;">Over</td> </tr> <tr> <td>49</td> <td>99</td> <td>199</td> <td>999</td> <td>5,000</td> <td>10,000</td> <td>25,000</td> <td>50,000</td> <td>100,000</td> <td>100,000</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>			1-	50-	100-	200-	1,000-	5,001-	10,001-	25,001-	50,001-	Over	49	99	199	999	5,000	10,000	25,000	50,000	100,000	100,000	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>									
1-	50-	100-	200-	1,000-	5,001-	10,001-	25,001-	50,001-	Over																									
49	99	199	999	5,000	10,000	25,000	50,000	100,000	100,000																									
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																									
Estimated Assets <input checked="" type="checkbox"/> \$0 to \$10,000 <input type="checkbox"/> \$10,000 to \$100,000 <input type="checkbox"/> \$100,000 to \$1 million <input type="checkbox"/> \$1 million to \$100 million <input type="checkbox"/> More than \$100 million																																		
Estimated Liabilities <input type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,000 to \$100,000 <input checked="" type="checkbox"/> \$100,000 to \$1 million <input type="checkbox"/> \$1 million to \$100 million <input type="checkbox"/> More than \$100 million																																		

Voluntary Petition <i>(This page must be completed and filed in every case)</i>		Name of Debtor(s): Gregory E Pierce	
All Prior Bankruptcy Cases Filed Within Last 8 Years (If more than two, attach additional sheet.)			
Location Where Filed: NONE	Case Number:	Date Filed:	
Location Where Filed:	Case Number:	Date Filed:	
Pending Bankruptcy Case Filed by any Spouse, Partner or Affiliate of this Debtor (If more than one, attach additional sheet)			
Name of Debtor: NONE	Case Number:	Date Filed:	
District:	Relationship:	Judge:	
Exhibit A (To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.)		Exhibit B (To be completed if debtor is an individual whose debts are primarily consumer debts) I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I have delivered to the debtor the notice required by 11 U.S.C. § 342(b).	
<input type="checkbox"/> Exhibit A is attached and made a part of this petition.		X 9/28/2007 Signature of Attorney for Debtor(s) Jonathan G. Anderson Date 03128613	
Exhibit C			
Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety?			
<input type="checkbox"/> Yes, and Exhibit C is attached and made a part of this petition. <input checked="" type="checkbox"/> No			
Exhibit D			
(To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.)			
<input type="checkbox"/> Exhibit D completed and signed by the debtor is attached and made a part of this petition.			
If this is a joint petition:			
<input type="checkbox"/> Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition.			
Information Regarding the Debtor - Venue (Check any applicable box)			
<input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District. <input type="checkbox"/> There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District. <input type="checkbox"/> Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.			
Statement by a Debtor Who Resides as a Tenant of Residential Property (Check all applicable boxes.)			
<input type="checkbox"/> Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following).			
(Name of landlord that obtained judgment)			
(Address of landlord)			
<input type="checkbox"/> Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and			
<input type="checkbox"/> Debtor has included in this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition.			

Official Form 1 (04/07)

Voluntary Petition

(This page must be completed and filed in every case)

Name of Debtor(s):

Gregory E Pierce

Signatures

Signature(s) of Debtor(s) (Individual/Joint)

I declare under penalty of perjury that the information provided in this petition is true and correct.

[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12 or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.

[If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

s/ Gregory E Pierce

Signature of Debtor **Gregory E Pierce**

Not Applicable

Signature of Joint Debtor

Telephone Number (If not represented by attorney)

9/28/2007

Date

Signature of Attorney

Signature of Attorney for Debtor(s)

Jonathan G. Anderson, 03128613

Printed Name of Attorney for Debtor(s) / Bar No.

Anderson & Associates, P.C.

Firm Name

1701 E. Woodfield Road, Suite 1050 Schaumburg, IL 60173

Address

(847) 995-9999

(847) 995-0117

Telephone Number

9/28/2007

Date

Signature of Debtor (Corporation/Partnership)

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests the relief in accordance with the chapter of title 11, United States Code, specified in this petition.

Not Applicable

Signature of Authorized Individual

Printed Name of Authorized Individual

Title of Authorized Individual

Date

Signature of a Foreign Representative

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only one box.)

- I request relief in accordance with chapter 15 of Title 11, United States Code. Certified Copies of the documents required by § 1515 of title 11 are attached.
- Pursuant to 11 U.S.C. § 1511, I request relief in accordance with the Chapter of title 11 specified in the petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

Not Applicable

(Signature of Foreign Representative)

(Printed Name of Foreign Representative)

Date

Signature of Non-Attorney Petition Preparer

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19B is attached.

Not Applicable

Printed Name and title, if any, of Bankruptcy Petition Preparer

Social Security number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. 110.)

Address

Not Applicable

Date

Signature of Bankruptcy Petition Preparer or officer, principal, responsible person, or partner whose social security number is provided above.

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both 11 U.S.C. §110; 18 U.S.C. §156.

UNITED STATES BANKRUPTCY COURT
Northern District of Illinois
Eastern Division

In re: Gregory E Pierce
Debtor

Case No. _____
(if known) _____

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH
CREDIT COUNSELING REQUIREMENT**

Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.

1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*

2. Within the **180 days before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 15 days after your bankruptcy case is filed.*

3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the five days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Must be accompanied by a motion for determination by the court.] [Summarize exigent circumstances here.]* _____

If the court is satisfied with the reasons stated in your motion, it will send you an order approving your request. You must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy case and promptly file a certificate from the agency that provided the briefing, together with a copy of any debt management plan developed through the agency. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. A motion for extension must be filed within the 30-day period. Failure to fulfill these requirements may result in dismissal of your case. If the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing, your case may be dismissed.

4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*
- Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);
- Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);
- Active military duty in a military combat zone.

5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

I certify under penalty of perjury that the information provided above is true and correct.

Signature of Debtor: s/ Gregory E Pierce
Gregory E Pierce

Date: 9/28/2007

In re: **Gregory E Pierce**

Debtor

Case No.

(If known)

SCHEDULE A - REAL PROPERTY

DESCRIPTION AND LOCATION OF PROPERTY	NATURE OF DEBTOR'S INTEREST IN PROPERTY	HUSBAND, WIFE, JOINT OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION	AMOUNT OF SECURED CLAIM
		Total ➤		0.00

(Report also on Summary of Schedules.)

In re **Gregory E Pierce**

Debtor

Case No.

(If known)

SCHEDULE B - PERSONAL PROPERTY

TYPE OF PROPERTY	NONE	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
1. Cash on hand		cash on hand		500.00
2. Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.		Chase checking account		124.73
Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.		Chase Savings Account		315.06
3. Security deposits with public utilities, telephone companies, landlords, and others.	X			
4. Household goods and furnishings, including audio, video, and computer equipment.		ordinary household goods and furnishings		500.00
5. Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.	X			
6. Wearing apparel.		used clothing		300.00
7. Furs and jewelry.	X			
8. Firearms and sports, photographic, and other hobby equipment.	X			
9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.	X			
10. Annuities. Itemize and name each issuer.	X			
11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c); Rule 1007(b)).	X			
12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give Particulars.	X			
13. Stock and interests in incorporated and unincorporated businesses. Itemize.	X			
14. Interests in partnerships or joint ventures. Itemize.	X			

In re **Gregory E Pierce**Debtor

Case No.

(If known)

SCHEDULE B - PERSONAL PROPERTY

(Continuation Sheet)

TYPE OF PROPERTY	NONE	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
15. Government and corporate bonds and other negotiable and nonnegotiable instruments.	X			
16. Accounts receivable.	X			
17. Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.	X			
18. Other liquidated debts owed to debtor including tax refunds. Give particulars.	X			
19. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.	X			
20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	X			
21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.	X			
22. Patents, copyrights, and other intellectual property. Give particulars.	X			
23. Licenses, franchises, and other general intangibles. Give particulars.	X			
24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	X			
25. Automobiles, trucks, trailers, and other vehicles and accessories.		1992 Honda Civic (150k)		1,000.00
26. Boats, motors, and accessories.	X			
27. Aircraft and accessories.	X			
28. Office equipment, furnishings, and supplies.	X			
29. Machinery, fixtures, equipment and supplies used in business.	X			
30. Inventory.	X			
31. Animals.	X			

In re **Gregory E Pierce**

Debtor

Case No.

(If known)

SCHEDULE B - PERSONAL PROPERTY

(Continuation Sheet)

TYPE OF PROPERTY	NONE	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
32. Crops - growing or harvested. Give particulars.	X			
33. Farming equipment and implements.	X			
34. Farm supplies, chemicals, and feed.	X			
35. Other personal property of any kind not already listed. Itemize.		Tools		300.00
<u>2</u> continuation sheets attached			Total ➤	\$ 3,039.79

(Include amounts from any continuation sheets attached. Report total also on Summary of Schedules.)

In re Gregory E Pierce

Case No. _____

Debtor

(If known)

SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

Debtor claims the exemptions to which debtor is entitled under:
 (Check one box)

- 11 U.S.C. § 522(b)(2)
 11 U.S.C. § 522(b)(3)

Check if debtor claims a homestead exemption that exceeds
 \$136,875

DESCRIPTION OF PROPERTY	SPECIFY LAW PROVIDING EACH EXEMPTION	VALUE OF CLAIMED EXEMPTION	CURRENT VALUE OF PROPERTY WITHOUT DEDUCTING EXEMPTION
1992 Honda Civic (150k)	735 ILCS 5/12-1001(b)	1,000.00	1,000.00
cash on hand	735 ILCS 5/12-1001(b)	500.00	500.00
Chase checking account	735 ILCS 5/12-1001(b)	124.73	124.73
Chase Savings Account	735 ILCS 5/12-1001(b)	315.06	315.06
ordinary household goods and furnishings	735 ILCS 5/12-1001(b)	500.00	500.00
Tools	735 ILCS 5/12-1001(b)	300.00	300.00
used clothing	735 ILCS 5/12-1001(b)	300.00	300.00

Official Form 6D (10/06)

In re Gregory E Pierce

Debtor

Case No.

(If known)

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND AN ACCOUNT NUMBER (See Instructions, Above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
ACCOUNT NO.							
		VALUE					

0

continuation sheets
attached

Subtotal >
(Total of this page)

Total >
(Use only on last page)

\$ 0.00	\$ 0.00
\$ 0.00	\$ 0.00

(Report also on Summary of (If applicable, report
Schedules) also on Statistical
Summary of Certain
Liabilities and
Related Data.)

Official Form 6E (04/07)

In re **Gregory E Pierce**

Debtor

Case No.

(If known)

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

- Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)

Domestic Support Obligations

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

Extensions of credit in an involuntary case

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

Wages, salaries, and commissions

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$10,950* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

Contributions to employee benefit plans

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

Certain farmers and fishermen

Claims of certain farmers and fishermen, up to \$5,400* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

Deposits by individuals

Claims of individuals up to \$2,425* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).

Taxes and Certain Other Debts Owed to Governmental Units

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

Commitments to Maintain the Capital of an Insured Depository Institution

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507 (a)(9).

Claims for Death or Personal Injury While Debtor Was Intoxicated

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

* Amounts are subject to adjustment on April 1, 2010, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

Official Form 6E (04/07) - Cont.

In re Gregory E Pierce
Debtor

Case No. _____
(If known)

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	CODEBTOR	HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM	AMOUNT ENTITLED TO PRIORITY	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
ACCOUNT NO.									

Sheet no. 1 of 1 continuation sheets attached to Schedule of Creditors Holding Priority Claims

Subtotals ➤
(Totals of this page)

Total ➤

(Use only on last page of the completed Schedule E. Report also on the Summary of Schedules.)

Total ➤

(Use only on last page of the completed Schedule E. If applicable, report also on the Statistical Summary of Certain Liabilities and Related Data.)

\$ 0.00	\$ 0.00	\$ 0.00
\$ 0.00		
	\$ 0.00	\$ 0.00

Official Form 6F (10/06)

In re Gregory E Pierce

Debtor

Case No.

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

Check this box if debtor has no creditors holding unsecured nonpriority claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. TCF8866221723/295			02/05/2007 TCF Natinal Bank				242.02
ACC International 919 Estes Court Schaumburg, IL 60193-4427							
ACCOUNT NO. 209621			01/01/1997 Parking tickets				125.00
Airport Parking Operations PO Box 619428 DFW Airport, TX 75261-9428							
ACCOUNT NO. 00678673			01/01/2001 Medical Bills				350.00
Alexian Bros 1650 Moon Lake Blvd Hoffman Estates, IL 60194							
ACCOUNT NO. 01334-00842			11/01/2001 Medical bills				4,302.75
Alexian Bros 1650 Moon Lake Blvd Hoffman Estates, IL 60194-1010							
ACCOUNT NO. 800 Biesterfield Road Elk Grove Village, IL 60007			Medical Bills				964.20

23 Continuation sheets attached

Subtotal >	\$ 5,983.97
Total >	\$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data.)

Official Form 6F (10/06) - Cont.

In re Gregory E Pierce

Debtor

Case No.

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 01348-00748			12/01/2001 Medical bills				6,627.15
Alexian Bros 800 Biesterfield Road Elk Grove Village, IL 60007							
ACCOUNT NO. 01318-00005			01/01/2001 Medical bills				4,302.75
Alexian Bros Health Hospital 1650 Moon Lake Blvd Hoffman Estates, IL 60194							
Harris & Harris Ltd 600 W Jackson Blvf Ste 700 Chicago, IL 60661							
ACCOUNT NO. 01363-00141			12/01/2001 Medical bills				5,150.80
Alexian Bros Medical Center 800 Biesterfield Road Elk Grove Village, IL 60007							
ACCOUNT NO. 00680275			01/01/2001 Medical Bills MSG#270079				12,742.15
Alexian Bros Medical Center 800 Biesterfield Road Elk Grove Village, IL 60007							
Malcom S Gerald & Assoc 332 S Michigan Ave Ste 514 Chicago, IL 60604 Tele# 011							

Sheet no. 1 of 23 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal ➤	\$ 28,822.85
Total ➤	\$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data.)

Official Form 6F (10/06) - Cont.

In re Gregory E Pierce

Debtor

Case No.

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 4128002148128494			04/11/2007 LVNV Funding Citibank NA				8,339.78
Allied Interstate 3000 Corporate Dr 5th Floor Columbus, OH 43231							
ACCOUNT NO. 094-1-0001685307			06/07/2005 medical bill				263.00
Arlington Ridge Pathology SC 520 E 22nd Street Lombard, IL 60148							
ACCOUNT NO. 8515000000050355			07/31/2006 Bank One				3,829.97
Asset Acceptence LLC							
ACCOUNT NO. 013000173216			01/13/2005 medical bills				427.71
Assoc Pathologists of Joliet 330 Madison Street Suite 200A Joliet, IL 60435							
ACCOUNT NO. 016-2-0000772306			01/29/2005 medical bill				40.00
Aurora Radiology Consultants 520 E 22nd Street Lombard, IL 60148							

Sheet no. 2 of 23 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal >	\$ 12,900.46
Total >	\$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data.)

Official Form 6F (10/06) - Cont.

In re Gregory E Pierce

Debtor

Case No.

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 3648629			10/19/2005 Daily Herald Circulation				25.00
Biehl & Biehl PO Box 66415 Chicago, IL 60666-0415							
ACCOUNT NO. 34964			Medical bills				583.00
Blue Ridge Health Center PO Box 5151 Hendersonville, NC 28793							
ACCOUNT NO. 01-980072116			Medical bills				35.00
Broward Adjustment Services 2876 E Oakland Park Blvd PO Box 11879 Ft Lauderdale, FL 3339							
ACCOUNT NO. 4018040011486352			02/09/2007 Triad HFN LVNV Funding				7,871.46
Capital Management Services 726 Exchange Street Suite 700 Buffalo, NY 14210							
ACCOUNT NO. Cardiology Assoc of AMI PO Box 693102 Miami, FL 33269-0102			06/01/1997 Medical bills				40.00

Sheet no. 3 of 23 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal ➤	\$ 8,554.46
Total ➤	\$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data.)

Official Form 6F (10/06) - Cont.

In re Gregory E Pierce

Debtor

Case No.

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 24312			01/01/2001 Medical bills				182.00
Cary Bortnick, MD 303 East Army Trail Suite 100 Bloomingdale, IL 60108							
Harvard Collection Service 4839 N Elston Ave Chicago, IL 60630							
ACCOUNT NO. 00105446571			06/01/1999 Medical bills				14,907.72
Central Financial Control PO Box 14059 Orange, CA 92863							
ACCOUNT NO. 65481401			10/01/2001 Services				320.00
City of Chicago Department of Revenue-EMS PO Box 805030 Chicago, IL 60680							
PRT PO Box 805030 Chicago, IL 60680-4111							
ACCOUNT NO. 7039722			01/01/2001 Medical bills				320.00
City of Chicago Revenue Dept c/o Wexler & Wexler 500 W Madison St Ste 2910 Chicago, IL 60661							

Sheet no. 4 of 23 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal ➤	\$ 15,729.72
Total ➤	\$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data.)

Official Form 6F (10/06) - Cont.

In re Gregory E Pierce

Debtor

Case No.

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 3287-0			07/01/1999 Medical bills				332.00
City of Farmers Branch EMS PO Box 819010 Farmers Branch, TX 75381-9010							
ACCOUNT NO. K2497432			Medical Bills				1,635.85
Columbia Kendall Medical Care 11750 Bird Road Miami, FL 33175-3630							
ACCOUNT NO. 1619973			12/01/1998 Credit card purchases				588.86
Columbia Med City Dallas HSP c/o Equifax PO Box 550890 Jacksonville, FL 32255							
ACCOUNT NO. 125543793			03/01/1999 Medical bills				967.00
Dallas County Hospital Dist PO Box 660599 Dallas, TX 75266-0599							
ACCOUNT NO. 578301-13680			Medical bills				35.00
Dallas Radiologists OS c/o MBI 8150 Brookriver Dr Ste S600 Dallas, TX 75247							

Sheet no. 5 of 23 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal ➤	\$ 3,558.71
Total ➤	\$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data.)

Official Form 6F (10/06) - Cont.

In re Gregory E Pierce

Debtor

Case No.

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 1189							315.00
Denderson County RMS 820 N Justice Street Denderson, NC 28791			Medical bills				
ACCOUNT NO. 12 50715			12/15/2001 Medical bills				495.00
DuPage County Internal Medicine LLC 350 W Kensington Road Suite 115 Mt Prospect, IL 60056			02/02/2002 Medical bills				1,320.50
ACCOUNT NO. E023821507			12/17/2001 Medical bills				28.00
Edward Hospital & Health Service 801 S Washington Street Naperville, IL 60540-7060			12/29/2001 Medical bills other acct #238482.1, 24312				333.00
OSI Collection Services Inc PO Box 959 Brookfield, WI 53008 Acct #3100922							
ACCOUNT NO. 239482.1							
Elk Grove Cardiology Associates 641 E Butterfield Rd Ste 407 Lombard, IL 60148							
Elk Grove Lab Physicians PC c/o Harvard Collections 4839 N Elston Avenue Chicago, IL 60630-2534							

Sheet no. 6 of 23 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal ➤	\$ 2,491.50
Total ➤	\$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data.)

Official Form 6F (10/06) - Cont.

In re Gregory E Pierce

Debtor

Case No.

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 201*238482 1			12/01/2001 Medical Bills				157.50
Elk Grove Lab Physicians PC Det 77-9154 Chicago, IL 60678							
Harvard Collection Services 4839 N Elston Ave Chicago, IL 60630-2534 Identification #5732634							
ACCOUNT NO. 201-239482 1			12/29/2001 Medical bills				176.50
Elk Grove Lab Physicians PC Dept 77-9154 Chicago, IL 60678							
ACCOUNT NO. 4321418			10/01/2001 Medical bills				155.00
Emergency & Ambulatory Ca 33 W Higgins Suite 4040 S Barrington, IL 60010-9355							
ACCOUNT NO. 4321418			01/01/2001 Medical bills				1,220.00
Emergency & Ambulatory Care 33 W Higgins Suite 4040 S Barrington, IL 60010-9355							
Medical Collection Systems 725 S Wells St Suite 700 Chicago, IL 60607 135-9535							
Robert P Mitovich 725 S Wells St Suite 701 Chicago, IL 60607							

Sheet no. 7 of 23 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal	>	\$ 1,709.00
Total	>	\$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data.)

Official Form 6F (10/06) - Cont.

In re Gregory E Pierce

Debtor

Case No.

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 4321418			01/01/2001 Medical bills				420.00
Emergency & Amulatory Ca 33 W Higgins Suite 4040 S Barrington, IL 60010-9355							
ACCOUNT NO. 239879			12/09/2004 medical bills				385.23
Emergency Physician Palms Boyajian Law Offices 201 Rt 17 N 5th Floor Rutherford, NJ 07070-2574							
ACCOUNT NO. 04322228/5			04/01/2000 Medical bills				248.00
Emergency Physicians Palms PO Box 189047 Plantation, FL 33318							
ACCOUNT NO. 358721564			Medical Bills				363.00
Emergency Physicians-Kendall c/o David E Newman PA 1533 Sunset Drive Suite 225 Coral Gables, FL 33143							
ACCOUNT NO. 0081513			01/19/2005 medical bill				23.50
Fox Valley Cardiovascular Cons 1320 N Highland Ave Suite A Aurora, IL 60506							

Sheet no. 8 of 23 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal ➤	\$ 1,439.73
Total ➤	\$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data.)

Official Form 6F (10/06) - Cont.

In re Gregory E Pierce

Debtor

Case No.

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 3-492-760-133							15.75
Frost Arnett Company PO Box 561009 Dallas, TX 75356-1009			Medical bills				
ACCOUNT NO. 706-860-2701			Medical bills				355.64
Green Mountain Pain & Palliative PO Box 75408 Charlotte, NC 28275-0408			03/01/2000 Medical bills				75.00
ACCOUNT NO. 0T0300			01/01/2000 Medical bills				468.00
Henderson County Office of Budget & Finance 113 N Main Street Hendersonville, NC 28792			11/01/1999 Medical bills				314.00
ACCOUNT NO. CHN00011198926							
Hendersonville Emerg Phys Assoc PO Box 16775 Durham, NC 27704							
ACCOUNT NO. CHN00010870236D							
Hendersonville Emergency Physicians c/o First Collect Inc PO Box 7200 Sparks-Glencoe, MD 21152-7200							

Sheet no. 9 of 23 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal ➤	\$ 1,228.39
Total ➤	\$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data.)

Official Form 6F (10/06) - Cont.

In re Gregory E Pierce

Debtor

Case No.

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 006833			01/01/2000 Medical bills				100.00
Hendersonville Family Health 604 Connor Avenue Hendersonville, NC 28791							
ACCOUNT NO.							143.00
Hendersonville Neurology PLLC 418 8th Avenue West Hendersonville, NC 28791-3604			Medical bills				
ACCOUNT NO. 90-170632			12/31/1999 Medical bills				273.00
Hendersonville Radiological 807 N Justice Street Hendersonville NC							
ACCOUNT NO. 90-170632			07/01/1999 Medical bills				28.00
Hendersonville Radiological 807 N Justice Street Hendersonville, NC 28791							
ACCOUNT NO. 250-170632			08/01/1999 Medical bills				1,946.00
Hendersonville Sports Medicine 136 S King Street Suite E Hendersonville, NC 28792							

Sheet no. 10 of 23 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal ➤	\$ 2,490.00
Total ➤	\$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data.)

Official Form 6F (10/06) - Cont.

In re Gregory E Pierce

Debtor

Case No.

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 12-09-2101167			06/01/1997 Medical bills				107.60
Hospital Pathologists 5901 SW 74 St #202 Miami, FL 33143-5176							
ACCOUNT NO. 203500020			05/23/2007 medical bill				99.60
JH Stroger Hospital of Cook Cty PO Box 70121 Chicago, IL 60673-5698							
ACCOUNT NO. 8883882 - 8883888			07/01/2007 Provena Mercy Medical Center				14,855.00
KCA Financial Services PO Box 53 Geneva, IL 60134-0053							
ACCOUNT NO. 98416			08/05/2005 medical bill				30.00
KCA Financial Services 628 North Street PO Box 53 Geneva, IL 60134							
ACCOUNT NO. 10179703			07/01/1999 Medical bills				117.90
Margaret Pardee Hospital OP co Credit Bureau Collections PO Box 26140 Greensboro, NC 27402-6140							

Sheet no. 11 of 23 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal ➤	\$ 15,210.10
Total ➤	\$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data.)

Official Form 6F (10/06) - Cont.

In re Gregory E Pierce

Debtor

Case No.

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 11199114			03/01/2000 Medical bills				1,386.94
Margaret R Pardee PO Box 1370 Hendersonville, NC 28793-1370							
ACCOUNT NO. 10807576			12/01/1999 Medical bills				3,310.85
Margaret R Pardee Memorial Hospital 715 Fleming Street Hendersonville, NC 28791							
ACCOUNT NO. 10717916			11/01/1999 Medical bills				2,563.45
Margaret R Pardee Memorial Hospital 715 Fleming Street Hendersonville, NC 28791							
Credit Bureau Collection Service PO Box 26140 Greensboro, NC 27402-6140							
ACCOUNT NO. 10870319			01/01/2000 Medical bills				954.80
Margaret R Pardee Memorial Hospital PO Box 1370 Hendersonville, NC 28793-1370							
ACCOUNT NO. 702909536			Credit card purchases				588.56
Medical City Dallas Hospital c/o RMA/JVS PO Box 105334 Atlanta, GA 30348							

Sheet no. 12 of 23 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal >	\$ 8,804.60
Total >	\$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data.)

Official Form 6F (10/06) - Cont.

In re Gregory E Pierce

Debtor

Case No.

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 7203							365.00
Meridian Financial Services PO Box 1410 Asheville, NC 28802			Medical bills				
ACCOUNT NO. 1094			11/01/2001 Medical Bills				275.00
Michael Feld, MD 1000 Skokie Blvd Suite 425 Wilmette, IL 60091							
ACCOUNT NO. 689			01/01/2000 Medical bills				255.00
Michael Sheehan MD 3820 Northdale Blvd Ste 300B Tampa, FL 33624							
ACCOUNT NO. 1445359			01/01/2000 Medical bills				70.00
Mutual of Omaha PO Box 1602 Omaha, NE 68101							
ACCOUNT NO. 4271382260141987			07/13/2006 Citiban Credit Card				16,532.53
NCO Financial Systems Inc 507 Prudential Road Horsham, PA 19044							

Sheet no. 13 of 23 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal ➤	\$ 17,497.53
Total ➤	\$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data.)

Official Form 6F (10/06) - Cont.

In re Gregory E Pierce

Debtor

Case No.

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 5396820022284857			05/31/2007 Genesis Financial Solutions AT&T Universal Card				8,015.63
Northland Group Inc PO Box 390846 Edina, MN 55439							
ACCOUNT NO. 4800129999048110			08/17/2003 MBNA Amer Bank				24,738.17
Northland Group Inc PO Box 390846 Edina, MN 55439							
ACCOUNT NO. 6011308100313866			05/10/2007 Discover Financial Services				2,972.77
Northstar Location Services LLC 4285 Genesee Street Cheektowaga, NY 14225-1943							
ACCOUNT NO. 22708244			Medical bills				44.00
Northwest Community Hospital PO Box 95698 Chicago, IL 60694-5698							
CB Accounts 114 State Street Suite 3C Peoria, IL 61602							
ACCOUNT NO. 22693590			Medical bills				550.00
Northwest Community Hospital PO Box 95698 Chicago, IL 60694-5698							

Sheet no. 14 of 23 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal ➤	\$ 36,320.57
Total ➤	\$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data.)

Official Form 6F (10/06) - Cont.

In re Gregory E Pierce

Debtor

Case No.

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 22693590			01/01/2001 Medical bills other account# 22708244				594.00
Northwest Community Hospital c/o RPM Inc PO Box 598148 Chicago, IL 60659-8148			04/01/2000 Medical bills				70.00
ACCOUNT NO. 1445359			10/01/1999 Medical bills				450.00
Palms of Pasadena Cashier 1501 Pasadena Avenue St Petersburg, FL 33707			07/01/1999 Medical bills				165.00
ACCOUNT NO. PIER788			10/01/1999 Medical bills				255.00
Park Ridge Cardiology LLC PO Box 5400 Fletcher, NC 28732-5400							
Park Ridge Emergency Phys PO Box 2249 Pawleys Island, SC 29585							
First Collect Inc PO Box 7000 Sparks-Glencoe, MD 21152-7000							
ACCOUNT NO. XFN00000408467F							
Park Ridge Emergency Phys PO Box 2249 Pawleys Island, SC 29585							

Sheet no. 15 of 23 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal >	\$ 1,534.00
Total >	\$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data.)

Official Form 6F (10/06) - Cont.

In re Gregory E Pierce

Debtor

Case No.

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. XFN00000441661			03/01/2000 Medical bills				165.00
Park Ridge Emergency Physicians PO Box 2249 Pawleys Island, SC 29585							
First Collect Inc PO Box 7000 Sparks-Glencoe, MD 21152-7000							
ACCOUNT NO. 1546456			07/01/1999 Medical bills				4,797.58
Park Ridge Hospital PO Box 1569 Fletcher, NC 28732							
North American Credit Services PO Box 182221 Chattanooga, TN 37422							
ACCOUNT NO. 418981-001							4,625.58
Park Ridge Hospital PO Box 1569 Fletcher, NC 28732			Medical bills				
ACCOUNT NO. 1603386			07/01/1999 Medical bills				558.20
Park Ridge Hospital PO Box 1569 Fletcher, NC 28732							
North American Credit Services PO Box 182221 Chattanooga, TN 37422							

Sheet no. 16 of 23 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal >	\$ 10,146.36
Total >	\$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data.)

Official Form 6F (10/06) - Cont.

In re Gregory E Pierce

Debtor

Case No.

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 414309			09/01/1999 Medical bills				172.00
Park Ridge Hospital PO Box 1569 Fletcher, NC 28732							
ACCOUNT NO. 3464268			Medical bills				967.00
Parkland Memorial Hospital co NCO Financial Systems PO Box 967 Lilburn, GA 30048-0967							
ACCOUNT NO. B 17891953			Medical bills				15.75
Pathologists Bio-Medical Labor PO Box CS 11 J018 Dallas, TX 75246							
ACCOUNT NO. PD 4006977-0			10/01/2001 Medical bills				15.00
Pathology CHP SC 5221 N Harlem Avenue Chicago, IL 60656							
ACCOUNT NO. 9724278			10/01/1997 Medical bills				65.00
Physicians Interpretive Serv PO Box 741028 Dallas, TX 75374-1028							

Sheet no. 17 of 23 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal ➤	\$ 1,234.75
Total ➤	\$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data.)

Official Form 6F (10/06) - Cont.

In re Gregory E Pierce

Debtor

Case No.

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 71000-46001998040							1,929.52
Presbyterian Hospital-Dallas co Prime Financial Services 3100 Monticello Suite 890 Dallas, TX 75205-3441			Medical bills				
ACCOUNT NO. 358721564			02/05/2005 Medical bill				612.00
Pro Med Paramedic Services 509 S Vermont St Palatine, IL 60067							
ACCOUNT NO. 18075			03/01/2000 Medical bills				183.00
Quality Healthcare Associates PO Box 1820 Hendersonville, NC 28793							
ACCOUNT NO. H000673807			12/01/1998 Medical bills				204.00
Questcare Medical Services PO Box 869326 Plano, TX 75086							
BHA Financial Bureau Inc PO Box 1295 Murfreesboro, TN 37133 H0006738							
ACCOUNT NO. 192853			Medical bills				59.60
Regional Laboratory & Path co United Revenue Corporation 204 Billings Suite 120 Arlington, TX 76010							

Sheet no. 18 of 23 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal	>	\$ 2,988.12
Total	>	\$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data.)

Official Form 6F (10/06) - Cont.

In re Gregory E Pierce

Debtor

Case No.

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 0107500002045			10/28/2001 Medical bills				644.00
Resurrection/St Anthonys Hosp co Nationwide Credit & Collection 9919 Roosevelt Road Westchester, IL 60154							
ACCOUNT NO.							143.00
Sachin R Shenoy MD 418 8th Avenue West Hendersonville, NC 28791			Medical bills				
ACCOUNT NO. 212923			12/14/2001 Medical bills				50.00
Schaumburg Fire Dept Department V PO Box 457 Wheeling, IL 60090							
Harvard Collection Services 4839 N Elston Avenue Chicago, IL 60630-2534 Identification #6159632							
ACCOUNT NO. 212923			12/29/2001 Medical bills				50.00
Schaumburg Fire Dept Department V PO Box 457 Wheeling, IL 60090							
Harvard Collection Services 4839 N Elston Avenue Chicago, IL 60630-2534 Identification #6158315							

Sheet no. 19 of 23 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal ➤	\$ 887.00
Total ➤	\$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data.)

Official Form 6F (10/06) - Cont.

In re Gregory E Pierce

Debtor

Case No.

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 21257004988482			12/01/2001				28.00
Schaumburg TWP District Library 130 S Roselle Road Schaumburg, IL 60193							
ACCOUNT NO. 393527			01/01/2001 Medical bills				495.00
Shivalingappa MD co ACC International 919 Estates Court Schuamburg, IL 60193-4427							
ACC International 1175 Devin Drive Suite 128 Norton Shores, MI 49441							
ACCOUNT NO. 331*1901025			01/01/2000 Medical bills				217.00
Spartanburg Radiological Assoc PO Box 60100 Cas, SC 29419-0100							
Credit Adjustment Bureau, Inc PO Box 789 Charleston, SC 29402 Account #00212332							
ACCOUNT NO. 00421959			02/01/2000 Medical bills				308.40
Spartanburg Regional Med Ctr 101 E Wood Street Spartanburg, SC 29303-3072							

Sheet no. 20 of 23 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal ➤	\$ 1,048.40
Total ➤	\$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data.)

Official Form 6F (10/06) - Cont.

In re Gregory E Pierce

Debtor

Case No.

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 0087044395-7							193.88
Sprint PCS PO Box 219718 Kansas City, MO 64121-9718			Credit purchase				
ACCOUNT NO. 0087044395-7			01/01/2002				306.80
Sprint PCS co Professional Credit Serv 500 Bi-County Blvd Ste 350 Farmingdale, NY 11735-3931			Credit purchase				
CBCS PO Box 163250 Columbus, OH 43216-3250							
ACCOUNT NO. 704006977			01/01/2000				644.00
St Anthony Hospital 135 S LaSalle Dept 1849 Chicago, IL 60674-1849			Medical bills				
ACCOUNT NO. 01122797							382.20
Sunstar PO Box 31074 Tampa, FL 33631-3074			04/01/2000				
ACCOUNT NO. run no 01-237067			Medical bills				
Superior Air Ground Amb Serv PO Box 1407 Elmhurst, IL 60126			12/01/2000				589.00
			Medical bills				

Sheet no. 21 of 23 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal ➤	\$ 2,115.88
Total ➤	\$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data.)

Official Form 6F (10/06) - Cont.

In re Gregory E Pierce

Debtor

Case No.

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. RBB*1891122.1			05/01/1999 Medical bills				29.00
Texas Diagnostic Imaging PO Box 970336 Dallas, TX 75397-0336							
ACCOUNT NO. 134035			03/01/2000 Medical bills				64.00
The Miller Ophthaedic Clinic PO Box 651447 Charlotte, NC 28265-1447							
ACCOUNT NO. 01-133363			Medical bills				45.00
Trend Community MH Services 800 Fleming Street Hendersonville, NC 28791							
ACCOUNT NO. Pierce0001			04/14/2006 medical bill				821.00
William Mollohan DO 1551 Bond Street Suite 127 Naperville, IL 60563							

Sheet no. 22 of 23 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal >	\$ 959.00
Total >	\$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data.)

Official Form 6F (10/06) - Cont.

In re Gregory E Pierce

Debtor

Case No.

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 4190080891161527							14,391.28
Wolpoff & Abramson LLP Two Irvington Centre 702 King Farm Rd Rockville, MD 20850-5775			06/05/2007 Palisades Acquistn				
The Law Center 4460 Corporation Lane Suite 306 Virginia Beach, VA 23462 File# 140354							
Blatt Hasenmiller Leibske Moore PO Box 5463 Chicago, IL 60680-5463 ref # 1907300							

Sheet no. 23 of 23 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal ➤	\$ 14,391.28
Total ➤	\$ 198,046.38

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data.)

Jonathan G. Anderson 03128613
Anderson & Associates, P.C.
1701 E. Woodfield Road, Suite 1050
Schaumburg, IL 60173

(847) 995-9999
Attorney for the Petitioner(s)

UNITED STATES BANKRUPTCY COURT

Northern District of Illinois

Eastern Division

In Re:

Debtor: **Gregory E Pierce**
Social Security Number: **1564**

Case No:

Chapter **7**

Numbered Listing of Creditors

	Creditor name and mailing address	Category of Claim	Amount of Claim
1.	ACC International 919 Estes Court Schaumburg, IL 60193-4427	Unsecured Claims	\$ 242.02
2.	Airport Parking Operations PO Box 619428 DFW Airport, TX 75261-9428	Unsecured Claims	\$ 125.00
3.	Alexian Bros 1650 Moon Lake Blvd Hoffman Estates, IL 60194	Unsecured Claims	\$ 350.00
4.	Alexian Bros 1650 Moon Lake Blvd Hoffman Estates, IL 60194-1010	Unsecured Claims	\$ 4,302.75
5.	Alexian Bros 800 Biesterfield Road Elk Grove Village, IL 60007	Unsecured Claims	\$ 964.20

In re: **Gregory E Pierce**

Case No. _____

6.	Alexian Bros 800 Biesterfield Road Elk Grove Village, IL 60007	Unsecured Claims	\$ 6,627.15
7.	Alexian Bros Health Hospital 1650 Moon Lake Blvd Hoffman Estates, IL 60194	Unsecured Claims	\$ 4,302.75
8.	Alexian Bros Medical Center 800 Biesterfield Road Elk Grove Village, IL 60007	Unsecured Claims	\$ 5,150.80
9.	Alexian Bros Medical Center 800 Biesterfield Road Elk Grove Village, IL 60007	Unsecured Claims	\$ 12,742.15
10.	Allied Interstate 3000 Corporate Dr 5th Floor Columbus, OH 43231	Unsecured Claims	\$ 8,339.78
11.	Arlington Ridge Pathology SC 520 E 22nd Street Lombard, IL 60148	Unsecured Claims	\$ 263.00
12.	Asset Acceptence LLC	Unsecured Claims	\$ 3,829.97
13.	Assoc Pathologists of Joliet 330 Madison Street Suite 200A Joliet, IL 60435	Unsecured Claims	\$ 427.71
14.	Aurora Radiology Consultants 520 E 22nd Street Lombard, IL 60148	Unsecured Claims	\$ 40.00

In re: **Gregory E Pierce**

Case No. _____

15 .	Biehl & Biehl PO Box 66415 Chicago, IL 60666-0415	Unsecured Claims	\$ 25.00
16 .	Blue Ridge Health Center PO Box 5151 Hendersonville, NC 28793	Unsecured Claims	\$ 583.00
17 .	Broward Adjustment Services 2876 E Oakland Park Blvd PO Box 11879 Ft Lauderdale, FL 3339	Unsecured Claims	\$ 35.00
18 .	Capital Management Services 726 Exchange Street Suite 700 Buffalo, NY 14210	Unsecured Claims	\$ 7,871.46
19 .	Cardiology Assoc of AMI PO Box 693102 Miami, FL 33269-0102	Unsecured Claims	\$ 40.00
20 .	Cary Bortnick, MD 303 East Army Trail Suite 100 Bloomingdale, IL 60108	Unsecured Claims	\$ 182.00
21 .	Central Financial Control PO Box 14059 Orange, CA 92863	Unsecured Claims	\$ 14,907.72
22 .	City of Chicago Department of Revenue-EMS PO Box 805030 Chicago, IL 60680	Unsecured Claims	\$ 320.00
23 .	City of Chicago Revenue Dept c/o Wexler & Wexler 500 W Madison St Ste 2910 Chicago, IL 60661	Unsecured Claims	\$ 320.00

In re: **Gregory E Pierce**

Case No. _____

24 .	City of Farmers Branch EMS PO Box 819010 Farmers Branch, TX 75381-9010	Unsecured Claims	\$ 332.00
25 .	Columbia Kendall Medical Care 11750 Bird Road Miami, FL 33175-3630	Unsecured Claims	\$ 1,635.85
26 .	Columbia Med City Dallas HSP c/o Equifax PO Box 550890 Jacksonville, FL 32255	Unsecured Claims	\$ 588.86
27 .	Dallas County Hospital Dist PO Box 660599 Dallas, TX 75266-0599	Unsecured Claims	\$ 967.00
28 .	Dallas Radiologists OS c/o MBI 8150 Brookriver Dr Ste S600 Dallas, TX 75247	Unsecured Claims	\$ 35.00
29 .	Denderson County RMS 820 N Justice Street Denderson, NC 28791	Unsecured Claims	\$ 315.00
30 .	DuPage County Internal Medicine LLC 350 W Kensington Road Suite 115 Mt Prospect, IL 60056	Unsecured Claims	\$ 495.00
31 .	Edward Hospital & Health Service 801 S Washington Street Naperville, IL 60540-7060	Unsecured Claims	\$ 1,320.50
32 .	Elk Grove Cardiology Associates 641 E Butterfield Rd Ste 407 Lombard, IL 60148	Unsecured Claims	\$ 28.00

In re: **Gregory E Pierce**

Case No. _____

33.	Elk Grove Lab Physicians PC c/o Harvard Collections 4839 N Elston Avenue Chicago, IL 60630-2534	Unsecured Claims	\$ 333.00
34.	Elk Grove Lab Physicians PC Det 77-9154 Chicago, IL 60678	Unsecured Claims	\$ 157.50
35.	Elk Grove Lab Physicians PC Dept 77-9154 Chicago, IL 60678	Unsecured Claims	\$ 176.50
36.	Emergency & Ambulatory Ca 33 W Higgins Suite 4040 S Barrington, IL 60010-9355	Unsecured Claims	\$ 155.00
37.	Emergency & Ambulatory Care 33 W Higgins Suite 4040 S Barrington, IL 60010-9355	Unsecured Claims	\$ 1,220.00
38.	Emergency & Amulatory Ca 33 W Higgins Suite 4040 S Barrington, IL 60010-9355	Unsecured Claims	\$ 420.00
39.	Emergency Physician Palms Boabajian Law Offices 201 Rt 17 N 5th Floor Rutherford, NJ 07070-2574	Unsecured Claims	\$ 385.23
40.	Emergency Physicians Palms PO Box 189047 Plantation, FL 33318	Unsecured Claims	\$ 248.00
41.	Emergency Physicians-Kendall c/o David E Newman PA 1533 Sunset Drive Suite 225 Coral Gables, FL 33143	Unsecured Claims	\$ 363.00

In re: **Gregory E Pierce**

Case No. _____

42 .	Fox Valley Cardiovascular Cons 1320 N Highland Ave Suite A Aurora, IL 60506	Unsecured Claims	\$ 23.50
43 .	Frost Arnett Company PO Box 561009 Dallas, TX 75356-1009	Unsecured Claims	\$ 15.75
44 .	Green Mountain Pain & Palliative PO Box 75408 Charlotte, NC 28275-0408	Unsecured Claims	\$ 355.64
45 .	Henderson County Office of Budget & Finance 113 N Main Street Hendersonville, NC 28792	Unsecured Claims	\$ 75.00
46 .	Hendersonville Emerg Phys Assoc PO Box 16775 Durham, NC 27704	Unsecured Claims	\$ 468.00
47 .	Hendersonville Emergency Physicians c/o First Collect Inc PO Box 7200 Sparks-Glencoe, MD 21152-7200	Unsecured Claims	\$ 314.00
48 .	Hendersonville Family Health 604 Connor Avenue Hendersonville, NC 28791	Unsecured Claims	\$ 100.00
49 .	Hendersonville Neurology PLLC 418 8th Avenue West Hendersonville, NC 28791-3604	Unsecured Claims	\$ 143.00
50 .	Hendersonville Radiological 807 N Justice Street Hendersonville NC	Unsecured Claims	\$ 273.00

In re: **Gregory E Pierce**

Case No. _____

51.	Hendersonville Sports Medicine 136 S King Street Suite E Hendersonville, NC 28792	Unsecured Claims	\$ 1,946.00
52.	Hospital Pathologists 5901 SW 74 St #202 Miami, FL 33143-5176	Unsecured Claims	\$ 107.60
53.	JH Stroger Hospital of Cook Cty PO Box 70121 Chicago, IL 60673-5698	Unsecured Claims	\$ 99.60
54.	KCA Financial Services PO Box 53 Geneva, IL 60134-0053	Unsecured Claims	\$ 14,855.00
55.	KCA Financial Services 628 North Street PO Box 53 Geneva, IL 60134	Unsecured Claims	\$ 30.00
56.	Hendersonville Radiological 807 N Justice Street Hendersonville, NC 28791	Unsecured Claims	\$ 28.00
57.	Margaret Pardee Hospital OP co Credit Bureau Collections PO Box 26140 Greensboro, NC 27402-6140	Unsecured Claims	\$ 117.90
58.	Margaret R Pardee PO Box 1370 Hendersonville, NC 28793-1370	Unsecured Claims	\$ 1,386.94
59.	Margaret R Pardee Memorial Hospital 715 Fleming Street Hendersonville, NC 28791	Unsecured Claims	\$ 3,310.85

In re: **Gregory E Pierce**

Case No. _____

60 .	Margaret R Pardee Memorial Hospital 715 Fleming Street Hendersonville, NC 28791	Unsecured Claims	\$ 2,563.45
61 .	Margaret R Pardee Memorial Hospital PO Box 1370 Hendersonville, NC 28793-1370	Unsecured Claims	\$ 954.80
62 .	Medical City Dallas Hospital c/o RMA/JVS PO Box 105334 Atlanta, GA 30348	Unsecured Claims	\$ 588.56
63 .	Meridian Financial Services PO Box 1410 Asheville, NC 28802	Unsecured Claims	\$ 365.00
64 .	Michael Feld, MD 1000 Skokie Blvd Suite 425 Wilmette, IL 60091	Unsecured Claims	\$ 275.00
65 .	Michael Sheehan MD 3820 Northdale Blvd Ste 300B Tampa, FL 33624	Unsecured Claims	\$ 255.00
66 .	Mutual of Omaha PO Box 1602 Omaha, NE 68101	Unsecured Claims	\$ 70.00
67 .	NCO Financial Systems Inc 507 Prudential Road Horsham, PA 19044	Unsecured Claims	\$ 16,532.53
68 .	Northland Group Inc PO Box 390846 Edina, MN 55439	Unsecured Claims	\$ 8,015.63

In re: **Gregory E Pierce**

Case No. _____

69.	Northland Group Inc PO Box 390846 Edina, MN 55439	Unsecured Claims	\$ 24,738.17
70.	Northstar Location Services LLC 4285 Genesee Street Cheektowaga, NY 14225-1943	Unsecured Claims	\$ 2,972.77
71.	Northwest Community Hospital PO Box 95698 Chicago, IL 60694-5698	Unsecured Claims	\$ 44.00
72.	Northwest Community Hospital PO Box 95698 Chicago, IL 60694-5698	Unsecured Claims	\$ 550.00
73.	Northwest Community Hospital c/o RPM Inc PO Box 598148 Chicago, IL 60659-8148	Unsecured Claims	\$ 594.00
74.	Palms of Pasadena Cashier 1501 Pasadena Avenue St Petersburg, FL 33707	Unsecured Claims	\$ 70.00
75.	Park Ridge Cardiology LLC PO Box 5400 Fletcher, NC 28732-5400	Unsecured Claims	\$ 450.00
76.	Park Ridge Emergency Phys PO Box 2249 Pawleys Island, SC 29585	Unsecured Claims	\$ 165.00
77.	Park Ridge Emergency Phys PO Box 2249 Pawleys Island, SC 29585	Unsecured Claims	\$ 255.00

In re: **Gregory E Pierce**

Case No. _____

78.	Park Ridge Emergency Physicians PO Box 2249 Pawleys Island, SC 29585	Unsecured Claims	\$ 165.00
79.	Park Ridge Hospital PO Box 1569 Fletcher, NC 28732	Unsecured Claims	\$ 4,797.58
80.	Park Ridge Hospital PO Box 1569 Fletcher, NC 28732	Unsecured Claims	\$ 4,625.58
81.	Park Ridge Hospital PO Box 1569 Fletcher, NC 28732	Unsecured Claims	\$ 558.20
82.	Park Ridge Hospital PO Box 1569 Fletcher, NC 28732	Unsecured Claims	\$ 172.00
83.	Parkland Memorial Hospital co NCO Financial Systems PO Box 967 Lilburn, GA 30048-0967	Unsecured Claims	\$ 967.00
84.	Pathologists Bio-Medical Labor PO Box CS 11 J018 Dallas, TX 75246	Unsecured Claims	\$ 15.75
85.	Pathology CHP SC 5221 N Harlem Avenue Chicago, IL 60656	Unsecured Claims	\$ 15.00
86.	Physicians Interpretive Serv PO Box 741028 Dallas, TX 75374-1028	Unsecured Claims	\$ 65.00

In re: **Gregory E Pierce**

Case No. _____

87.	Presbyterian Hospital-Dallas co Prime Financial Services 3100 Monticello Suite 890 Dallas, TX 75205-3441	Unsecured Claims	\$ 1,929.52
88.	Pro Med Paramedic Services 509 S Vermont St Palatine, IL 60067	Unsecured Claims	\$ 612.00
89.	Quality Healthcare Associates PO Box 1820 Hendersonville, NC 28793	Unsecured Claims	\$ 183.00
90.	Questcare Medical Services PO Box 869326 Plano, TX 75086	Unsecured Claims	\$ 204.00
91.	Regional Laboratory & Path co United Revenue Corporation 204 Billings Suite 120 Arlington, TX 76010	Unsecured Claims	\$ 59.60
92.	Resurrection/St Anthonys Hosp co Nationwide Credit & Collection 9919 Roosevelt Road Westchester, IL 60154	Unsecured Claims	\$ 644.00
93.	Sachin R Shenoy MD 418 8th Avenue West Hendersonville, NC 28791	Unsecured Claims	\$ 143.00
94.	Schaumburg Fire Dept Department V PO Box 457 Wheeling, IL 60090	Unsecured Claims	\$ 50.00
95.	Schaumburg Fire Dept Department V PO Box 457 Wheeling, IL 60090	Unsecured Claims	\$ 50.00

In re: **Gregory E Pierce**

Case No. _____

96 .	Schaumburg TWP District Library 130 S Roselle Road Schaumburg, IL 60193	Unsecured Claims	\$ 28.00
97 .	Shivalingappa MD co ACC International 919 Estates Court Schuamburg, IL 60193-4427	Unsecured Claims	\$ 495.00
98 .	Spartanburg Radiological Assoc PO Box 60100 Cas, SC 29419-0100	Unsecured Claims	\$ 217.00
99 .	Spartanburg Regional Med Ctr 101 E Wood Street Spartanburg, SC 29303-3072	Unsecured Claims	\$ 308.40
100 .	Sprint PCS PO Box 219718 Kansas City, MO 64121-9718	Unsecured Claims	\$ 193.88
101 .	Sprint PCS co Professional Credit Serv 500 Bi-County Blvd Ste 350 Farmingdale, NY 11735-3931	Unsecured Claims	\$ 306.80
102 .	St Anthony Hospital 135 S LaSalle Dept 1849 Chicago, IL 60674-1849	Unsecured Claims	\$ 644.00
103 .	Sunstar PO Box 31074 Tampa, FL 33631-3074	Unsecured Claims	\$ 382.20
104 .	Superior Air Ground Amb Serv PO Box 1407 Elmhurst, IL 60126	Unsecured Claims	\$ 589.00

In re: **Gregory E Pierce**

Case No. _____

105 .	Texas Diagnostic Imaging PO Box 970336 Dallas, TX 75397-0336	Unsecured Claims	\$ 29.00
106 .	The Miller Ophthaedic Clinic PO Box 651447 Charlotte, NC 28265-1447	Unsecured Claims	\$ 64.00
107 .	Trend Community MH Services 800 Fleming Street Hendersonville, NC 28791	Unsecured Claims	\$ 45.00
108 .	William Mollohan DO 1551 Bond Steet Suite 127 Naperville, IL 60563	Unsecured Claims	\$ 821.00
109 .	Wolpoff & Abramson LLP Two Irvington Centre 702 King Farm Rd Rockville, MD 20850-5775	Unsecured Claims	\$ 14,391.28

In re: **Gregory E Pierce**

Case No. _____

(The penalty for making a false statement or concealing property is a fine up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. secs. 152 and 3571.)

DECLARATION

I, **Gregory E Pierce**, named as debtor in this case, declare under penalty of perjury that I have have read the foregoing Numbered Listing of Creditors, consisting of **13 sheets** (not including this declaration), and that it is true to the best of my information and belief.

Signature: s/ Gregory E Pierce
Gregory E Pierce

Dated: 9/28/2007

In re: Gregory E Pierce _____, Debtor _____, Case No. _____

(If known)

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Check this box if debtor has no executory contracts or unexpired leases.

NAME AND MAILING ADDRESS, INCLUDING ZIP CODE, OF OTHER PARTIES TO LEASE OR CONTRACT.	DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S INTEREST, STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL PROPERTY. STATE CONTRACT NUMBER OF ANY GOVERNMENT CONTRACT.

Form B6H

(10/05)

In re: **Gregory E Pierce**

Debtor

Case No.

(If known)

SCHEDULE H - CODEBTORS

Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR
------------------------------	------------------------------

In re **Gregory E Pierce**

Debtor

Case No.

(If known)

SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by a married debtor in a chapter 7, 11, 12 or 13 case whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. Do not state the name of any minor child.

Debtor's Marital Status: single	DEPENDENTS OF DEBTOR AND SPOUSE	
	RELATIONSHIP(S):	AGE(S):
Employment: Occupation truck driver	DEBTOR	SPOUSE
Name of Employer		
How long employed		
Address of Employer		

INCOME: (Estimate of average or projected monthly income at time case filed)

	DEBTOR	SPOUSE
1. Monthly gross wages, salary, and commissions (Prorate if not paid monthly.)	\$ 541.67	\$ _____
2. Estimate monthly overtime	\$ 0.00	\$ _____
3. SUBTOTAL	\$ 541.67	\$ _____
4. LESS PAYROLL DEDUCTIONS		
a. Payroll taxes and social security	\$ 0.00	\$ _____
b. Insurance	\$ 0.00	\$ _____
c. Union dues	\$ 0.00	\$ _____
d. Other (Specify) _____	\$ 0.00	\$ _____
5. SUBTOTAL OF PAYROLL DEDUCTIONS	\$ 0.00	\$ _____
6. TOTAL NET MONTHLY TAKE HOME PAY	\$ 541.67	\$ _____
7. Regular income from operation of business or profession or farm (Attach detailed statement)	\$ 0.00	\$ _____
8. Income from real property	\$ 0.00	\$ _____
9. Interest and dividends	\$ 0.00	\$ _____
10. Alimony, maintenance or support payments payable to the debtor for the debtor's use or that of dependents listed above.	\$ 0.00	\$ _____
11. Social security or other government assistance (Specify) _____	\$ 0.00	\$ _____
12. Pension or retirement income	\$ 0.00	\$ _____
13. Other monthly income (Specify) _____	\$ 0.00	\$ _____
14. SUBTOTAL OF LINES 7 THROUGH 13	\$ 0.00	\$ _____
15. AVERAGE MONTHLY INCOME (Add amounts shown on lines 6 and 14)	\$ 541.67	\$ _____
16. COMBINED AVERAGE MONTHLY INCOME: (Combine column totals from line 15; if there is only one debtor repeat total reported on line 15)		\$ 541.67

(Report also on Summary of Schedules and, if applicable, on Statistical Summary of Certain Liabilities and Related Data)

17. Describe any increase or decrease in income reasonably anticipated to occur within the year following the filing of this document.:

NONE

Official Form 6J (10/06)

In re Gregory E Pierce

Debtor

Case No.

(If known)

SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)

Complete this schedule by estimating the average or projected monthly expenses of the debtor and the debtor's family. Pro rate any payments made bi-weekly, quarterly, semi-annually, or annually to show monthly rate.

Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Complete a separate schedule of expenditures labeled "Spouse."

1. Rent or home mortgage payment (include lot rented for mobile home)	\$ <u>0.00</u>
a. Are real estate taxes included? Yes _____ No <u>✓</u>	
b. Is property insurance included? Yes _____ No <u>✓</u>	
2. Utilities: a. Electricity and heating fuel	\$ <u>0.00</u>
b. Water and sewer	\$ <u>0.00</u>
c. Telephone	\$ <u>60.00</u>
d. Other _____	\$ <u>0.00</u>
3. Home maintenance (repairs and upkeep)	\$ <u>0.00</u>
4. Food	\$ <u>250.00</u>
5. Clothing	\$ <u>0.00</u>
6. Laundry and dry cleaning	\$ <u>50.00</u>
7. Medical and dental expenses	\$ <u>50.00</u>
8. Transportation (not including car payments)	\$ <u>100.00</u>
9. Recreation, clubs and entertainment, newspapers, magazines, etc.	\$ <u>40.00</u>
10. Charitable contributions	\$ <u>0.00</u>
11. Insurance (not deducted from wages or included in home mortgage payments)	
a. Homeowner's or renter's	\$ <u>0.00</u>
b. Life	\$ <u>0.00</u>
c. Health	\$ <u>0.00</u>
d. Auto	\$ <u>50.00</u>
e. Other _____	\$ <u>0.00</u>
12. Taxes (not deducted from wages or included in home mortgage payments)	\$ <u>0.00</u>
(Specify) _____	
13. Installment payments: (In chapter 11, 12, and 13 cases, do not list payments to be included in the plan)	
a. Auto	\$ <u>0.00</u>
b. Other _____	\$ <u>0.00</u>
14. Alimony, maintenance, and support paid to others	\$ <u>0.00</u>
15. Payments for support of additional dependents not living at your home	\$ <u>0.00</u>
16. Regular expenses from operation of business, profession, or farm (attach detailed statement)	\$ <u>0.00</u>
17. Other _____	\$ <u>0.00</u>
18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)	\$ <u>600.00</u>
19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document: Student loans are deferred equalling app \$15,000	
20. STATEMENT OF MONTHLY NET INCOME	
a. Average monthly income from Line 15 of Schedule I	\$ <u>541.67</u>
b. Average monthly expenses from Line 18 above	\$ <u>600.00</u>
c. Monthly net income (a. minus b.)	\$ <u>-58.33</u>

Official Form 6 - Summary (10/06)

United States Bankruptcy Court
Northern District of Illinois
Eastern Division

In re Gregory E Pierce,
Debtor

Case No. _____
Chapter 7 _____

SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors must also complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	YES	1	\$ 0.00		
B - Personal Property	YES	3	\$ 3,039.79		
C - Property Claimed as Exempt	YES	1			
D - Creditors Holding Secured Claims	YES	1		\$ 0.00	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	YES	2		\$ 0.00	
F - Creditors Holding Unsecured Nonpriority Claims	YES	24		\$ 198,046.38	
G - Executory Contracts and Unexpired Leases	YES	1			
H - Codebtors	YES	1			
I - Current Income of Individual Debtor(s)	YES	1			\$ 541.67
J - Current Expenditures of Individual Debtor(s)	YES	1			\$ 600.00
TOTAL		36	\$ 3,039.79	\$ 198,046.38	

ACC International
1175 Devin Drive Suite 128
Norton Shores, MI 49441

Airport Parking Operations
PO Box 619428
DFW Airport, TX 75261-9428

Alexian Bros
1650 Moon Lake Blvd
Hoffman Estates, IL 60194-1010

Alexian Bros
800 Biesterfield Road
Elk Grove Village, IL 60007

Alexian Bros
1650 Moon Lake Blvd
Hoffman Estates, IL 60194

Alexian Bros Health Hospital
1650 Moon Lake Blvd
Hoffman Estates, IL 60194

Alexian Bros Medical Center
800 Biesterfield Road
Elk Grove Village, IL 60007

Allied Interstate
3000 Corporate Dr 5th Floor
Columbus, OH 43231

Asset Acceptance LLC

Assoc Pathologists of Joliet
330 Madison Street Suite 200A
Joliet, IL 60435

Aurora Radiology Consultants
520 E 22nd Street
Lombard, IL 60148

BHA Financial Bureau Inc
PO Box 1295
Murfreesboro, TN 37133
H0006738

Biehl & Biehl
PO Box 66415
Chicago, IL 60666-0415

Blatt Hasenmiller Leibske Moore
PO Box 5463
Chicago, IL 60680-5463
ref # 1907300

Blue Ridge Health Center
PO Box 5151
Hendersonville, NC 28793

Broward Adjustment Services
2876 E Oakland Park Blvd
PO Box 11879
Ft Lauderdale, FL 3339

Cardiology Assoc of AMI
PO Box 693102
Miami, FL 33269-0102

Cary Bortnick, MD
303 East Army Trail Suite 100
Bloomingdale, IL 60108

CB Accounts
114 State Street Suite 3C
Peoria, IL 61602

CBCS
PO Box 163250
Columbus, OH 43216-3250

Central Financial Control
PO Box 14059
Orange, CA 92863

City of Chicago
Department of Revenue-EMS
PO Box 805030
Chicago, IL 60680

City of Chicago Revenue Dept
c/o Wexler & Wexler
500 W Madison St Ste 2910
Chicago, IL 60661

City of Farmers Branch EMS
PO Box 819010
Farmers Branch, TX 75381-9010

Columbia Med City Dallas HSP
c/o Equifax
PO Box 550890
Jacksonville, FL 32255

Credit Adjustment Bureau, Inc
PO Box 789
Charleston, SC 29402
Account #00212332

Credit Bureau Collection Service
PO Box 26140
Greensboro, NC 27402-6140

Dallas County Hospital Dist
PO Box 660599
Dallas, TX 75266-0599

Dallas Radiologists OS
c/o MBI
8150 Brookriver Dr Ste S600
Dallas, TX 75247

Denderson County RMS
820 N Justice Street
Denderson, NC 28791

DuPage County Internal Medicine LLC
350 W Kensington Road Suite 115
Mt Prospect, IL 60056

Edward Hospital & Health Service
801 S Washington Street
Naperville, IL 60540-7060

Elk Grove Lab Physicians PC
Det 77-9154
Chicago, IL 60678

Elk Grove Lab Physicians PC
Dept 77-9154
Chicago, IL 60678

Elk Grove Lab Physicians PC
c/o Harvard Collections
4839 N Elston Avenue
Chicago, IL 60630-2534

Emergency & Ambulatory Ca
33 W Higgins Suite 4040
S Barrington, IL 60010-9355

Emergency & Ambulatory Care
33 W Higgins Suite 4040
S Barrington, IL 60010-9355

Emergency & Amulatory Ca
33 W Higgins Suite 4040
S Barrington, IL 60010-9355

Emergency Physician Palms
Boyajian Law Offices
201 Rt 17 N 5th Floor
Rutherford, NJ 07070-2574

Emergency Physicians Palms
PO Box 189047
Plantation, FL 33318

Document Page 62 of 95
Emergency Physicians-Kendall
c/o David E Newman PA
1533 Sunset Drive Suite 225
Coral Gables, FL 33143

First Collect Inc
PO Box 7000
Sparks-Glencoe, MD 21152-7000

Fox Valley Cardiovascular Cons
1320 N Highland Ave Suite A
Aurora, IL 60506

Frost Arnett Company
PO Box 561009
Dallas, TX 75356-1009

Green Mountain Pain & Palliative
PO Box 75408
Charlotte, NC 28275-0408

Harris & Harris Ltd
600 W Jackson Blvf Ste 700
Chicago, IL 60661

Harvard Collection Service
4839 N Elston Ave
Chicago, IL 60630

Harvard Collection Services
4839 N Elston Ave
Chicago, IL 60630-2534
Identification #5732634

Harvard Collection Services
4839 N Elston Avenue
Chicago, IL 60630-2534
Identification #6158315

Henderson County
Office of Budget & Finance
113 N Main Street
Hendersonville, NC 28792

Hendersonville Emerg Phys Assoc
PO Box 16775
Durham, NC 27704

Hendersonville Emergency Physicians
c/o First Collect Inc
PO Box 7200
Sparks-Glencoe, MD 21152-7200

Hendersonville Family Health
604 Connor Avenue
Hendersonville, NC 28791

Hendersonville Neurology PLLC
418 8th Avenue West
Hendersonville, NC 28791-3604

Hendersonville Radiological
807 N Justice Street
Hendersonville NC

Hendersonville Sports Medicine
136 S King Street Suite E
Hendersonville, NC 28792

Hospital Pathologists
5901 SW 74 St #202
Miami, FL 33143-5176

KCA Financial Services
PO Box 53
Geneva, IL 60134-0053

KCA Financial Services
628 North Street
PO Box 53
Geneva, IL 60134

Hendersonville Radiological
807 N Justice Street
Hendersonville, NC 28791

Malcom S Gerald & Assoc
332 S Michigan Ave Ste 514
Chicago, IL 60604
Fele# 011

Margaret Pardee Hospital OP
co Credit Bureau Collections
PO Box 26140
Greensboro, NC 27402-6140

Margaret R Pardee
PO Box 1370
Hendersonville, NC 28793-1370

Margaret R Pardee Memorial Hospital
PO Box 1370
Hendersonville, NC 28793-1370

Margaret R Pardee Memorial Hospital
715 Fleming Street
Hendersonville, NC 28791

Document Page 65 of 95
Medical City Dallas Hospital
c/o RMA/JVS
PO Box 105334
Atlanta, GA 30348

Medical Collection Systems
725 S Wells St Suite 700
Chicago, IL 60607
135-9535

Meridian Financial Services
PO Box 1410
Asheville, NC 28802

Michael Feld, MD
1000 Skokie Blvd Suite 425
Wilmette, IL 60091

Michael Sheehan MD
3820 Northdale Blvd Ste 300B
Tampa, FL 33624

Mutual of Omaha
PO Box 1602
Omaha, NE 68101

NCO Financial Systems Inc
507 Prudential Road
Horsham, PA 19044

North American Credit Services
PO Box 182221
Chattanooga, TN 37422

Northland Group Inc
PO Box 390846
Edina, MN 55439

Northwest Community Hospital
PO Box 95698
Chicago, IL 60694-5698

Northwest Community Hospital
c/o RPM Inc
PO Box 598148
Chicago, IL 60659-8148

OSI Collection Services Inc
PO Box 959
Brookfield, WI 53008
Acct #3100922

Palms of Pasadena Cashier
1501 Pasadena Avenue
St Petersburg, FL 33707

Park Ridge Cardiology LLC
PO Box 5400
Fletcher, NC 28732-5400

Park Ridge Emergency Phys
PO Box 2249
Pawleys Island, SC 29585

Park Ridge Emergency Physicians
PO Box 2249
Pawleys Island, SC 29585

Park Ridge Hospital
PO Box 1569
Fletcher, NC 28732

Document Page 67 of 95
Parkland Memorial Hospital
co NCO Financial Systems
PO Box 967
Lilburn, GA 30048-0967

Pathologists Bio-Medical Labor
PO Box CS 11 J018
Dallas, TX 75246

Pathology CHP SC
5221 N Harlem Avenue
Chicago, IL 60656

Physicians Interpretive Serv
PO Box 741028
Dallas, TX 75374-1028

Presbyterian Hospital-Dallas
co Prime Financial Services
3100 Monticello Suite 890
Dallas, TX 75205-3441

Pro Med Paramedic Services
509 S Vermont St
Palatine, IL 60067

PRT
PO Box 805030
Chicago, IL 60680-4111

Quality Healthcare Associates
PO Box 1820
Hendersonville, NC 28793

Questcare Medical Services
PO Box 869326
Plano, TX 75086

Document Page 68 of 95
Regional Laboratory & Path
co United Revenue Corporation
204 Billings Suite 120
Arlington, TX 76010

Resurrection/St Anthony's Hosp
co Nationwide Credit & Collection
9919 Roosevelt Road
Westchester, IL 60154

Robert P Mitovich
725 S Wells St Suite 701
Chicago, IL 60607

Sachin R Shenoy MD
418 8th Avenue West
Hendersonville, NC 28791

Schaumburg Fire Dept
Department V PO Box 457
Wheeling, IL 60090

Schaumburg TWP District Library
130 S Roselle Road
Schaumburg, IL 60193

Shivalingappa MD
co ACC International
919 Estates Court
Schuamburg, IL 60193-4427

Spartanburg Radiological Assoc
PO Box 60100
Cas, SC 29419-0100

Spartanburg Regional Med Ctr
101 E Wood Street
Spartanburg, SC 29303-3072

Sprint PCS

co Professional Credit Serv

500 Bi-County Blvd Ste 350

Farmingdale, NY 11735-3931

Sprint PCS

PO Box 219718

Kansas City, MO 64121-9718

St Anthony Hospital

135 S LaSalle Dept 1849

Chicago, IL 60674-1849

Sunstar

PO Box 31074

Tampa, FL 33631-3074

Superior Air Ground Amb Serv

PO Box 1407

Elmhurst, IL 60126

Texas Diagnostic Imaging

PO Box 970336

Dallas, TX 75397-0336

The Law Center

4460 Corporation Lane Suite 306

Virginia Beach, VA 23462

File# 140354

The Miller Othropaedic Clinic

PO Box 651447

Charlotte, NC 28265-1447

Trend Community MH Services

800 Fleming Street

Hendersonville, NC 28791

Case 07-17748 Doc 1 Filed 09/28/07 Entered 09/28/07 11:14:42 Desc Main Document Page 70 of 95
William Mollohan DO
1551 Bond Street Suite 127
Naperville, IL 60563

Wolpoff & Abramson LLP
Two Irvington Centre 702 King Farm Rd
Rockville, MD 20850-5775

**UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION**

In Re:
Gregory E Pierce

Bankruptcy Case Number: _____

VERIFICATION OF CREDITOR MATRIX

Number of Creditors: _____

The above named Debtor(s) hereby verifies that the list of creditors is true and correct to the best of my (our) knowledge.

Dated: 9/28/2007

s/ Gregory E Pierce
Gregory E Pierce

Debtor

Official Form 6 - Declaration (10/06)

In re Gregory E Pierce
Debtor

Case No. _____
(If known)

DECLARATION CONCERNING DEBTOR'S SCHEDULES

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 38 sheets (*total shown on summary page plus 2*), and that they are true and correct to the best of my knowledge, information, and belief.

Date: 9/28/2007

Signature: s/ Gregory E Pierce
Gregory E Pierce

Debtor

[If joint case, both spouses must sign]

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

(NOT APPLICABLE)

Official Form 6 - Statistical Summary (10/06)
Form 6-Summ2 (Official Form) - (10/06)

2006 USBC, Central District of California

United States Bankruptcy Court

Official Form 6 - Statistical Summary (10/06)

UNITED STATES BANKRUPTCY COURT – NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

In re _____, Case No. _____
Debtors Chapter _____

UNITED STATES BANKRUPTCY COURT

In re _____ Debtors(s). _____	CHAPTER: CASE NO.: _____
Debtor(s): _____	Case No.: (If known) Chapter: _____

STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

AMENDED - STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	\$ _____
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E) (whether disputed or undisputed)	\$ _____
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E)	\$ _____
Student Loan Obligations (from Schedule F)	\$ _____
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E.	\$ _____
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	\$ _____
TOTAL	\$ _____

2006 USBC, Central District of California

United States Bankruptcy Court

Official Form 6 - Statistical Summary (10/06)

UNITED STATES BANKRUPTCY COURT – NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

In re _____
Debtors _____

Case No. _____
Chapter _____

UNITED STATES BANKRUPTCY COURT

In re _____ Debtors _____	CHAPTER: CASE NO.: _____
Debtor(s): _____	Case No.: (If known) Chapter: _____

State the following:

Average Income (from Schedule I, Line 16)	\$ _____
Average Expenses (from Schedule J, Line 18)	\$ _____
Current Monthly Income (from Form 22A Line 12; OR , Form 22B Line 11; OR , Form 22C Line 20)	\$ _____

State the following:

1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column	\$ _____	\$ _____
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column.	\$ _____	\$ _____
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column	\$ _____	\$ _____
4. Total from Schedule F	\$ _____	\$ _____
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)	\$ _____	\$ _____

UNITED STATES BANKRUPTCY COURT
Northern District of Illinois
Eastern Division

In re: **Gregory E Pierce**

Case No. _____

Chapter **7**

BUSINESS INCOME AND EXPENSES

FINANCIAL REVIEW OF THE DEBTOR'S BUSINESS (NOTE: ONLY INCLUDE information directly related to the business operation.)

PART A - GROSS BUSINESS INCOME FOR PREVIOUS 12 MONTHS:

1. Gross Income For 12 Months Prior to Filing: \$ 0.00

PART B - ESTIMATED AVERAGE FUTURE GROSS MONTHLY INCOME:

2. Gross Monthly Income: \$ 0.00

PART C - ESTIMATED FUTURE MONTHLY EXPENSES:

3. Net Employee Payroll (Other Than Debtor)	\$ <u>0.00</u>
4. Payroll Taxes	<u>0.00</u>
5. Unemployment Taxes	<u>0.00</u>
6. Worker's Compensation	<u>0.00</u>
7. Other Taxes	<u>0.00</u>
8. Inventory Purchases (Including raw materials)	<u>0.00</u>
9. Purchase of Feed/Fertilizer/Seed/Spray	<u>0.00</u>
10. Rent (Other than debtor's principal residence)	<u>0.00</u>
11. Utilities	<u>0.00</u>
12. Office Expenses and Supplies	<u>0.00</u>
13. Repairs and Maintenance	<u>0.00</u>
14. Vehicle Expenses	<u>0.00</u>
15. Travel and Entertainment	<u>0.00</u>
16. Equipment Rental and Leases	<u>0.00</u>
17. Legal/Accounting/Other Professional Fees	<u>0.00</u>
18. Insurance	<u>0.00</u>
19. Employee Benefits (e.g., pension, medical, etc.)	<u>0.00</u>
20. Payments to Be Made Directly By Debtor to Secured Creditors For Pre-Petition Business Debts (Specify):	<u>None</u>

None _____

21. Other (Specify):

None _____

22. Total Monthly Expenses (Add items 3 - 21) \$ 0.00

PART D - ESTIMATED AVERAGE NET MONTHLY INCOME:

23. AVERAGE NET MONTHLY INCOME (Subtract Item 22 from Item 2) \$ 0.00

Official Form 7
(04/07)

UNITED STATES BANKRUPTCY COURT
Northern District of Illinois
Eastern Division

In re: Gregory E Pierce,
Debtor

Case No. _____
(If known)

STATEMENT OF FINANCIAL AFFAIRS

1. Income from employment or operation of business

None State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT	SOURCE	FISCAL YEAR PERIOD
9,473.00	DSK Services Hizone Inc Bands Co.	2005
6,573.00	Family Landscaping & Treet Care Inc	2006
399.00	self-employment, snow plower	2007 to date

2. Income other than from employment or operation of business

None State the amount of income received by the debtor other than from employment, trade, profession, or operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT	SOURCE	FISCAL YEAR PERIOD
--------	--------	--------------------

3. Payments to creditors

Complete a. or b., as appropriate, and c.

None

a. *Individual or joint debtor(s) with primarily consumer debts:* List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within **90 days** immediately preceding the commencement of this case if the aggregate value of all property that constitutes or is affected by such transfer is not less than \$600. Indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and creditor counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATES OF PAYMENTS	AMOUNT PAID	AMOUNT STILL OWING
------------------------------	-------------------	-------------	--------------------

None



b. *Debtor whose debts are not primarily consumer debts:* List each payment or other transfer to any creditor made within 90 days immediately preceding the commencement of the case if the aggregate value of all property that constitutes or is affected by such transfer is not less than \$5,475. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATES OF PAYMENTS/ TRANSFERS	AMOUNT PAID OR VALUE OF TRANSFERS	AMOUNT STILL OWING
------------------------------	---------------------------------	--------------------------------------	--------------------

None



c. *All debtors:* List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR AND RELATIONSHIP TO DEBTOR	DATES OF PAYMENTS	AMOUNT PAID	AMOUNT STILL OWING
--	-------------------	-------------	--------------------

4. Suits and administrative proceedings, executions, garnishments and attachments

None



a. List all suits and administrative proceedings to which the debtor is or was a party within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT AND CASE NUMBER	NATURE OF PROCEEDING	COURT OR AGENCY AND LOCATION	STATUS OR DISPOSITION
------------------------------------	----------------------	---------------------------------	--------------------------

b. Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None



NAME AND ADDRESS OF PERSON FOR WHOSE BENEFIT PROPERTY WAS SEIZED	DATE OF SEIZURE	DESCRIPTION AND VALUE OF PROPERTY
--	--------------------	---

5. Repossessions, foreclosures and returns

None



List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR OR SELLER	DATE OF REPOSSESSION, FORECLOSURE SALE TRANSFER OR RETURN	DESCRIPTION AND VALUE OF PROPERTY
---	---	---

6. Assignments and receiverships

None



a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF ASSIGNEE	DATE OF ASSIGNMENT	TERMS OF ASSIGNMENT OR SETTLEMENT
---------------------------------	-----------------------	---

b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None



NAME AND ADDRESS OF CUSTODIAN	NAME AND ADDRESS OF COURT CASE TITLE & NUMBER	DATE OF ORDER	DESCRIPTION AND VALUE OF PROPERTY
----------------------------------	---	------------------	---

7. Gifts

None



List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON OR ORGANIZATION	RELATIONSHIP TO DEBTOR, IF ANY	DATE OF GIFT	DESCRIPTION AND VALUE OF GIFT
--	--------------------------------------	-----------------	-------------------------------------

8. Losses

None



List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case **or since the commencement of this case**. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DESCRIPTION AND VALUE OF PROPERTY	DESCRIPTION OF CIRCUMSTANCES AND, IF LOSS WAS COVERED IN WHOLE OR IN PART BY INSURANCE, GIVE PARTICULARS	DATE OF LOSS
---	--	-----------------

9. Payments related to debt counseling or bankruptcy

None



List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of a petition in bankruptcy within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE	DATE OF PAYMENT, NAME OF PAYOR IF OTHER THAN DEBTOR	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
Anderson & Associates PC 1701 E Woodfield #1050 Schuamburg, IL 60173	09/2007	1800.00

10. Other transfers

None



a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **two years** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF TRANSFeree, RELATIONSHIP TO DEBTOR	DATE	DESCRIBE PROPERTY TRANSFERRED AND VALUE RECEIVED
---	------	--

None



b. List all property transferred by the debtor within **ten years** immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

NAME OF TRUST OR OTHER DEVICE	DATE(S) OF TRANSFER(S)	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY OR DEBTOR'S INTEREST IN PROPERTY
----------------------------------	---------------------------	---

11. Closed financial accounts

None



List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF INSTITUTION	TYPE OF ACCOUNT, LAST FOUR DIGITS OF ACCOUNT NUMBER, AND AMOUNT OF FINAL BALANCE	AMOUNT AND DATE OF SALE OR CLOSING
------------------------------------	--	--

12. Safe deposit boxes

None



List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF BANK OR OTHER DEPOSITORY	NAMES AND ADDRESSES OF THOSE WITH ACCESS TO BOX OR DEPOSITORY	DESCRIPTION OF CONTENTS	DATE OF TRANSFER OR SURRENDER, IF ANY
--	---	-------------------------------	---

13. Setoffs

None



List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within **90 days** preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATE OF SETOFF	AMOUNT OF SETOFF
------------------------------	-------------------	---------------------

14. Property held for another person

None



List all property owned by another person that the debtor holds or controls.

NAME AND ADDRESS OF OWNER	DESCRIPTION AND VALUE OF PROPERTY	LOCATION OF PROPERTY
------------------------------	--------------------------------------	----------------------

15. Prior address of debtor

None

If the debtor has moved within **three years** immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

ADDRESS

NAME USED

DATES OF OCCUPANCY

**490 Bennett
Elk Grove, IL**

Gregory E Pierce

Aurora

Gregory E Pierce

**717 Tipperary
Schaumburg, IL**

Gregory E Pierce

16. Spouses and Former Spouses

None



If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within **eight years** immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

NAME

17. Environmental Information.

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law.

a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law.

None



SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW
--------------------------	--	-------------------	----------------------

b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

None



SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW
--------------------------	--	-------------------	----------------------

c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

None



NAME AND ADDRESS
OF GOVERNMENTAL UNIT

DOCKET NUMBER

STATUS OR
DISPOSITION

18. Nature, location and name of business

None



a. If the debtor is an individual, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within the **six years** immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within the **six years** immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within the **six years** immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the business, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within the **six years** immediately preceding the commencement of this case.

NAME	LAST FOUR DIGITS OF SOC. SEC. NO./ COMPLETE EIN OR OTHER TAXPAYER I.D. NO.	ADDRESS	NATURE OF BUSINESS	BEGINNING AND ENDING DATES

b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

None



NAME

ADDRESS

* * * * *

[if completed by an individual or individual and spouse]

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date 9/28/2007

Signature s/ Gregory E Pierce
of Debtor Gregory E Pierce

UNITED STATES BANKRUPTCY COURT
Northern District of Illinois
Eastern Division

In re: **Gregory E Pierce**

Debtor

Case No.

7

Chapter

CHAPTER 7 INDIVIDUAL DEBTOR'S STATEMENT OF INTENTION

- I have filed a schedule of assets and liabilities which includes debts secured by property of the estate.
- I have filed a schedule of executory contracts and unexpired leases which includes personal property subject to an unexpired lease.
- I intend to do the following with respect to the property of the estate which secures those debts or is subject to a lease:

Description of Secured Property	Creditor's Name	Property will be Surrendered	Property is claimed as exempt	Property will be redeemed pursuant to 11 U.S.C. § 722	Debt will be reaffirmed pursuant to 11 U.S.C. § 524(c)
None					

Description of Leased Property	Lessor's Name	Lease will be assumed pursuant to 11 U.S.C. § 362(h)(1)(A)
None		

s/ Gregory E Pierce

9/28/2007

Gregory E Pierce

Signature of Debtor

Date

UNITED STATES BANKRUPTCY COURT
Northern District of Illinois
Eastern Division

Exhibit "C"

[If, to the best of the debtor's knowledge, the debtor owns or has possession of property that poses or is alleged to pose a threat of imminent and identifiable harm to the public health or safety, attach this Exhibit "C" to the petition.]

In re: **Gregory E Pierce**

Case No.:

Chapter: **7**

Debtor(s)

Exhibit "C" to Voluntary Petition

1. Identify and briefly describe all real or personal property owned by or in possession of the debtor that, to the best of the debtor's knowledge, poses or is alleged to pose a threat of imminent and identifiable harm to the public health or safety (attach additional sheets if necessary):

2. With respect to each parcel of real property or item of personal property identified in question 1, describe the nature and location of the dangerous condition, whether environmental or otherwise, that poses or is alleged to pose a threat of imminent and identifiable harm to the public health or safety (attach additional sheets if necessary):

UNITED STATES BANKRUPTCY COURT
Northern District of Illinois
Eastern Division

In re **Gregory E Pierce**,
Debtor
Case No. _____
Chapter **7** _____

**CERTIFICATION TO COURT OF APPEALS
BY ALL PARTIES**

A notice of appeal having been filed in the above-styled matter on _____, _____, and _____, [Names of all the appellants and all the appellees, if any], who are all the appellants [and all the appellees] hereby certify to the court under 28 U.S.C. § 158(d)(2)(A) that a circumstance specified in 28 U.S.C. § 158(d)(2) exists as stated below.

Leave to appeal in this matter is is not required under 28 U.S.C. § 158(a).

[The certification shall contain one or more of the following statements, as is appropriate to the circumstances.]

Or

Or

[The parties may include or attach the information specified in Rule 8003(f)(3)(C).]

Signed: [*If there are more than two signatories, all must sign and provide the information requested below. Attach additional signed sheets if needed.*]

Attorney for Appellant (or Appellant,
if not represented by an attorney)

Jonathan G. Anderson

Printed Name of Signer

**1701 E. Woodfield Road, Suite 1050
Schaumburg, IL 60173**

Address

(847) 995-9999

Telephone No.

9/28/2007

Date

UNITED STATES BANKRUPTCY COURT
Northern District of Illinois
Eastern Division

In re: **Gregory E Pierce**

Debtor

Case No.
Chapter

7

**DISCLOSURE OF COMPENSATION OF ATTORNEY
FOR DEBTOR**

1. Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 2016(b), I certify that I am the attorney for the above-named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept	\$ <u>1,800.00</u>
Prior to the filing of this statement I have received	\$ <u>1,800.00</u>
Balance Due	\$ <u>0.00</u>

2. The source of compensation paid to me was:

Debtor Other (specify)

3. The source of compensation to be paid to me is:

Debtor Other (specify)

4. I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.
- I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a) Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b) Preparation and filing of any petition, schedules, statement of affairs, and plan which may be required;
- c) Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d) [Other provisions as needed]

None

6. By agreement with the debtor(s) the above disclosed fee does not include the following services:

representation of the debtor in adversary proceedings and other contested bankruptcy matters

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

Dated: 9/28/2007

Jonathan G. Anderson, Bar No. 03128613

Anderson & Associates, P.C.
Attorney for Debtor(s)

**United States Bankruptcy Court
Northern District of Illinois
Eastern Division**

In re Gregory E Pierce

Case Number
Chapter

STATEMENT OF MILITARY SERVICE

The Servicemembers' Civil Relief Act of 2003, Pub. L. No. 108-189, provides for the temporary suspension of certain judicial proceedings or transactions that may adversely affect military servicemembers, their dependents, and others. Each party to a bankruptcy case who might be eligible for relief under the act should complete this form and file it with the Bankruptcy Court.

IDENTIFICATION OF SERVICEMEMBER

TYPE OF MILITARY SERVICE

U.S. Armed Forces (Army, Navy, Air Force, Marine Corps, or Coast Guard) or commissioned officer of the Public Health Service or the National Oceanic and Atmospheric Administration (specify type of service)

- Active Service since _____ (date)
 Inductee - ordered to report on _____ (date)
 Retired / Discharged _____ (date)

U.S. Military Reserves and National Guard

U.S. Citizen Serving with U.S. ally in war or military action (specify ally and war or action)

- Active Service since _____ (date)
 Retired / Discharged _____ (date)

DEPLOYMENT

- Servicemember deployed overseas on _____ (date)
Anticipated completion of overseas tour-of-duty _____ (date)

SIGNATURE

s/ Gregory E Pierce

9/28/2007

Gregory E Pierce

Date

**UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION**

In re **Gregory E Pierce**

Case No.

Debtor.

Chapter **7**

Debtor's Statement of Special Circumstances

I hereby certify under penalty of perjury that the Debtor's Statement of Special Circumstances is true, correct and complete to the best of my knowledge.

Dated: 9/28/2007

s/ Gregory E Pierce
Gregory E Pierce

Document Page 90 of 95
UNITED STATES BANKRUPTCY COURT
Northern District of Illinois
Eastern DivisionIn re **Gregory E Pierce**

Case No.

Debtor.

Chapter **7****Notice to Trustee of Special Circumstances**

Dear

Please be advised that I represent **Gregory E Pierce**. According to the calculations required by the Statement of Current Monthly Income and Means Test Calculation, the debtor checked the box on page 1 of the form indicating that a presumption of abuse arises in this matter. To rebut this presumption, I am writing to provide you with information supporting the debtor's claim of special circumstances that justify additional expenses and/or adjustments of current monthly income, and/or to provide documentation for expense items that should be deducted from my client's current monthly income pursuant to § 707(b)(2)(A)(ii)(I).

Adjustments of Current Monthly Income

On Line 12 of Official Form B22A, the debtor stated that his current monthly income is **\$0.00**, based on the definition provided in section 101(10A) of the Code. However, this amount includes income that the debtor did not actually have at the time his petition was filed, and which the debtor does not currently have. I am enclosing the Debtor's Statement of Special Circumstances which demonstrates that the debtor's actual monthly income is \$. I am also enclosing copies of my client's recent payment advices showing his actual income.

Additional Expenses

On Line of Official Form B22A, the debtor listed an expense amount of \$ based on the Internal Revenue Service National or Local Standard for .

I am enclosing the Debtor's Statement of Special Circumstances which demonstrates that the debtor's actual monthly expense for this item is \$, and that this expense is necessary and reasonable. I am also enclosing documentation for this expense.

In Part VII of Official Form B22A, the debtor listed the following additional expenses: . The debtor listed these items as a monthly expense amount of **\$0.00**, though this amount was not deducted from his current monthly income for purposes of determining the § 707(b)(2) presumption. I am enclosing the Debtor's Statement of Special Circumstances which demonstrates that these monthly expenses are required for the health and welfare of the debtor and the debtor's family or for the production of the debtor's income. I am also enclosing documentation for these expense items.

If the additional expenses or adjustments to income referred to above are considered in applying the means test, a presumption of abuse no longer arises in this case. Accordingly, my client requests that in lieu of filing a motion to dismiss or convert this chapter 7 case under § 707(b), you file a statement with the court, for the reasons set forth above, that such a motion is not appropriate. If you are in need of any additional information or documentation, please contact me.

Jonathan G. Anderson
Attorney for Debtor(s)

B 201 (04/09/06)

**UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION**

**NOTICE TO INDIVIDUAL CONSUMER DEBTOR UNDER § 342(b)
OF THE BANKRUPTCY CODE**

In accordance with § 342(b) of the Bankruptcy Code, this notice: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case. You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

1. Services Available from Credit Counseling Agencies

With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis. The briefing must be given within 180 days before the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies.

In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge. The clerk also has a list of approved financial management instructional courses.

2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors

Chapter 7: Liquidation (\$245 filing fee, \$39 administrative fee, \$15 trustee surcharge: Total fee \$299)

1. Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a "means test" designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.

2. Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.

3. The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

4. Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

Chapter 13: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$39 administrative fee: Total fee \$274)

1. Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.

2. Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

3. After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

Chapter 11: Reorganization (\$1000 filing fee, \$39 administrative fee: Total fee \$1039)

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$39 administrative fee: Total fee \$239)

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

WARNING: Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

Certificate of Attorney

I hereby certify that I delivered to the debtor this notice required by § 342(b) of the Bankruptcy Code.

Jonathan G. Anderson

Printed Name of Attorney

9/28/2007

Signature of Attorney

Date

Address:

**Anderson & Associates, P.C.
1701 E. Woodfield Road, Suite 1050
Schaumburg, IL 60173**

(847) 995-9999

Certificate of the Debtor

I, the debtor, affirm that I have received and read this notice.

Gregory E Pierce

Printed Name of Debtor

Xs/ Gregory E Pierce

9/28/2007

Gregory E Pierce

Signature of Debtor

Date

Case No. (if known) _____

UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

In re **Gregory E Pierce**

Case No.

Debtor.

Chapter **7**

STATEMENT OF MONTHLY NET INCOME

The undersigned certifies the following is the debtor's monthly income .

Income:	Debtor
Six months ago	\$ 0.00
Five months ago	\$ 0.00
Four months ago	\$ 0.00
Three months ago	\$ 0.00
Two months ago	\$ 0.00
Last month	\$ 0.00
Income from other sources	\$ 0.00
Total net income for six months preceding filing	\$ 0.00
Average Monthly Net Income	\$ 0.00

Attached are all payment advices received by the undersigned debtor prior to the petition date, I declare under penalty of perjury that I have read the foregoing statement and that it is true and correct to the best of my knowledge, information, and belief.

Attached are all payment advices received by the undersigned debtor prior to the petition date, we declare under penalty of perjury that we have read the foregoing statement and that it is true and correct to the best of our knowledge, information, and belief.

Attached are all payment advices received by the undersigned debtor prior to the petition date, we declare under penalty of perjury that we have read the foregoing statement and that it is true and correct to the best of our knowledge, information, and belief.

Dated: 9/28/2007

s/ Gregory E Pierce

Gregory E Pierce

Debtor

UNITED STATES BANKRUPTCY COURT		Document Page 94 of 95	PROOF OF CLAIM	
Name of Debtor	Case Number			
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.				
Name of Creditor (The person or other entity to whom the debtor owes money or property):	<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.			
Name and address where notices should be sent:				
Telephone number:				
Last four digits of account number or other number by which creditor identifies debtor:	Check here if this claim <input type="checkbox"/> replaces <input type="checkbox"/> amends a previously filed claim, dated: _____			
1. Basis for Claim	<input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Other _____			
	<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, Salaries and compensations (Fill out below) Last four digits of SS #: _____ Unpaid compensation for services performed from _____ to _____ (date) (date)			
2. Date debt was incurred:	3. If court judgment, date obtained:			
4. Classification of Claim. Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed. See reverse side for important explanations.	Secured Claim. <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Value of Collateral: \$ _____ Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ <u>0.00</u> _____			
Unsecured Nonpriority Claim \$ _____ <input type="checkbox"/> Check this box if there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority.	<input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). <input type="checkbox"/> Wages, salaries, or commissions (up to \$10,950), * earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4). <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).			
Unsecured Priority Claim. <input type="checkbox"/> Check this box if you have an unsecured claim, all or part of which is entitled to priority. Amount entitled to priority \$ _____ Specify the priority of the claim: <input type="checkbox"/> Up to \$2,425* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(7). <input type="checkbox"/> Taxes or penalties of governmental units - 11 U.S.C. § 507(a)(8). <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a)	<small>*Amounts are subject to adjustment on 4/1/10 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.</small>			
5. Total Amount of Claim at Time Case Filed: \$ _____ <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.	(unsecured)	(secured)	(priority)	(Total)
6. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.	THIS SPACE IS FOR COURT USE ONLY			
7. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.				
8. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.				
Date	Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any):			

INSTRUCTIONS FOR PROOF OF CLAIM FORM

The instructions and definitions below are general explanations of the law. In particular types of cases or circumstances, such as bankruptcy cases that are not filed voluntarily by a debtor, there may be exceptions to these general rules.

---- DEFINITIONS ----

Debtor

The person, corporation, or other entity that has filed a bankruptcy case is called the debtor.

Creditor

A creditor is any person, corporation, or other entity to whom the debtor owed a debt on the date that the bankruptcy case was filed.

Proof of Claim

A form telling the bankruptcy court how much the debtor owed a creditor at the time the bankruptcy case was filed (the amount of the creditor's claim). This form must be filed with the clerk of the bankruptcy court where the bankruptcy case was filed.

Secured Claim

A claim is a secured claim to the extent that the creditor has a lien on property of the debtor (collateral) that gives the creditor the right to be paid from that property before creditors who do not have liens on the property.

Examples of liens are a mortgage on real estate and a security interest in a car, truck, boat, television set, or other item of property. A lien may have been obtained through a court proceeding before the bankruptcy case began; in some states a court judgment is a lien. In addition, to the extent a creditor also owes money to the debtor (has a right of setoff), the creditor's claim may be a secured claim. (See also *Unsecured Claim*.)

Unsecured Claim

If a claim is not a secured claim it is an unsecured claim. A claim may be partly secured and partly unsecured if the property on which a creditor has a lien is not worth enough to pay the creditor in full.

Unsecured Priority Claim

Certain types of unsecured claims are given priority, so they are to be paid in bankruptcy cases before most other unsecured claims (if there is sufficient money or property available to pay these claims). The most common types of priority claims are listed on the proof of claim form. Unsecured claims that are not specifically given priority status by the bankruptcy laws are classified as *Unsecured Nonpriority Claims*.

Items to be completed in Proof of Claim form (if not already filled in)

Court, Name of Debtor, and Case Number:

Fill in the name of the federal judicial district where the bankruptcy case was filed (for example, Central District of California), the name of the debtor in the bankruptcy case, and the bankruptcy case number. If you received a notice of the case from the court, all of this information is near the top of the notice.

amount past due on the claim as of the date the bankruptcy case was filed. A claim may be partly secured and partly unsecured. (See DEFINITIONS, above).

Unsecured Priority Claim:

Check the appropriate place if you have an unsecured priority claim, and state the amount entitled to priority. (See DEFINITIONS, above). A claim may be partly priority and partly nonpriority if, for example, the claim is for more than the amount given priority by the law. Check the appropriate place to specify the type of priority claim.

Unsecured Nonpriority Claim:

Check the appropriate place if you have an unsecured nonpriority claim, sometimes referred to as a "general unsecured claim". (See DEFINITIONS, above.) If your claim is partly secured and partly unsecured, state here the amount that is unsecured. If part of your claim is entitled to priority, state here the amount not entitled to priority.

Information about Creditor:

Complete the section giving the name, address, and telephone number of the creditor to whom the debtor owes money or property, and the debtor's account number, if any. If anyone else has already filed a proof of claim relating to this debt, if you never received notices from the bankruptcy court about this case, if your address differs from that to which the court sent notice, or if this proof of claim replaces or changes a proof of claim that was already filed, check the appropriate box on the form.

1. Basis for Claim:

Check the type of debt for which the proof of claim is being filed. If the type of debt is not listed, check "Other" and briefly describe the type of debt. If you were an employee of the debtor, fill in the last four digits of your social security number and the dates of work for which you were not paid.

Fill in the total amount of the entire claim. If interest or other charges in addition to the principal amount of the claim are included, check the appropriate place on the form and attach an itemization of the interest and charges.

2. Date Debt Incurred:

Fill in the date when the debt first was owed by the debtor.

6. Credits:

If you have a court judgment for this debt, state the date the court entered the judgment.

By signing this proof of claim, you are stating under oath that in calculating the amount of your claim you have given the debtor credit for all payments received from the debtor.

3. Court Judgments:

If you have a court judgment for this debt, state the date the court entered the judgment.

7. Supporting Documents:

Check the appropriate place if the claim is a secured claim. You must state the type and value of property that is collateral for the claim, attach copies of the documentation of your lien, and state the

You must attach to this proof of claim form copies of documents that show the debtor owes the debt claimed or, if the documents are too lengthy, a summary of those documents. If documents are not available, you must attach an explanation of why they are not available.

4. Classification of Claim

Secured Claim:

Check the appropriate place if the claim is a secured claim. You must state the type and value of property that is collateral for the claim, attach copies of the documentation of your lien, and state the